

APPLYING FOR SERVICES WITH THE DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DSPD)

For People with Acquired Brain Injury (ABI)

STEPS TO FOLLOW

1	A "Request for Determination of Eligibility for Services" form is either mailed or given to the person making the referral after contact with the intake worker. <i>This form must be filled out and returned before the application/intake process can continue.</i>	<input type="checkbox"/>
2	The "Request" form is sent back to the Intake Worker: Kim Noble.	<input type="checkbox"/>
3	Upon receiving the returned "Request" form, the intake worker will send the "DSPD Packet" to the applicant or the person making the referral.	<input type="checkbox"/>
4	The applicant or the person making the referral will receive the "DSPD Packet" to complete and return to intake worker. (Please see pages entitled "DSPD Packet" for explanation of forms/requirements.)	<input type="checkbox"/>
5	Upon receiving the returned "DSPD Packet", the intake worker will check for completeness of returned information. <ul style="list-style-type: none"> ➤ If the information is complete, the intake worker will contact the applicant or person making the referral, to make an appointment to complete the final assessment. ➤ If the information is incomplete, the intake worker will contact the applicant or person making the referral and will inform them of the missing documents. If the missing documents are submitted, the intake worker will then contact the applicant or person making the referral, to make an appointment to complete the final assessment. Please note: due to the volume of applicants, contact may take up to a month.	<input type="checkbox"/>
6	AFTER FINAL APPOINTMENT AND ONCE ALL DOCUMENTS AND ASSESSMENTS HAVE BEEN RECEIVED, BY POLICY, THE INTAKE WORKER HAS 90 DAYS TO DETERMINE ELIGIBILITY.	<input type="checkbox"/>
7	AFTER ELIGIBILITY IS DETERMINED the intake worker will send the applicant or legal guardian a "Notice of Decision" letter by mail, which will indicate the outcome of the eligibility determination, and will include further instructions and contact information.	<input type="checkbox"/>

Return all documentation to:
 DSPD/Attn: Kim Noble
 1385 South State Street 2nd Floor
 Salt Lake City, Utah 84115
 (801) 468-0104

DSPD ACQUIRED BRAIN INJURY PACKET

(The following documentation is REQUIRED to complete the application process)

Check list & Date	Form/Documentation	Purpose and/or Requirement	Comment/Information
<input type="checkbox"/>	Form 1-1 “Request for Determination of Eligibility for Services” including Social Security Number	DSPD policy and Utah Code require this. THIS FORM MUST BE FILLED OUT AND RETURNED BEFORE THE APPLICATION/ELIGIBILITY PROCESS CAN CONTINUE	Without it a client cannot go through the intake process. Used to obtain a client identification number
<input type="checkbox"/>	Completion of the Social History, Need Assessment	DSPD policy and Utah Code require this as part of the supporting documentation needed to determine eligibility.	These forms provide background information and help the intake worker determine where the client will be placed on the waiting list.
<input type="checkbox"/>	Release of information forms and a “Request for ICD-9-CM Code from a Licensed Physician” form	DSPD policy and Utah Code require this to determine brain injury eligibility.	These forms enable the intake worker to receive required eligibility documentation.
<input type="checkbox"/>	Documentation of brain injury; <i>this must include corresponding ICD-9-CM Code from a licensed physician</i>	DSPD policy and Utah Code require this to determine brain injury eligibility.	This provides evidence of brain injury. Without an ICD-9-CM Code the client will not be eligible for DSPD services.
<input type="checkbox"/>	A copy of the applicant’s Social Security Card.	Verification of the applicant’s social security number	The social security number is used in creating an identification number for the applicant.
<input type="checkbox"/>	A copy of the applicant’s Birth Certificate	Verification of the applicant’s country of birth	This is used to confirm that the applicant is a US citizen.
<input type="checkbox"/>	Neuropsychological, Psycho educational and Psychiatric tests	This can be used as a part of supporting documentation	This does not replace actual documentation of brain injury

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